File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, lowa 50319 Fax: 515-281-4073

Reset Form

3194423225

IA ETHICS AND TO SELECT THE U.S.

Des Moines, lowe 50319 Fax: 515-281-4073	FOR INSTRUCTIONS, SEE B. DISCLOSURE SUMM	ACK OF FORM	2011 JAN 13 PI	M L: N8
COMMITTEE NAME (Must be	same as on Statement of Organization)	ANT FAGE		
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MPORTANT Indiana button	for State Sano	te	FORM	
(1)Statewide/Logislative/Judge S	r continued you are reporting for:		1/M AMIGAAA	LOSURE
(4)County Central Committee (5 Subdivision Candidate / R)Count	Randing for Retention Candidate (2) State PAC)County Candidate (6) City Candidate (7) Sch / PAC (9) City PAC (10) School Board of Cha	(3)State Party Pool Board or Other Political	(Rev. 07/2007) REPO	ORT:
71) Local Ballot Issue		r Political Subdivision PAC		701
CANDIDATE COMMITTEES	ONLY:		Comm.#	124
Candidate Name	r Politica	a! Party (If applicable)	Logged M	
Tim Kapu	Clark Re	publican	Scanned	
Office Sought		(If Senate or House)	Computer	
- venate		20	Audited	
ate reports are critical to meaning				
and supplied to botaloli	e civil and criminal penalties. Pursuant to lows	Code sections 68B,32A(7)) and 68A.401(3), the candidate, f	or a
*\a \/				
IGNATURE OF PERSON FILIN	319.1	442-3218	1-12-11	
TOTAL OF PERSON FILIN	G REPORT	TELEPHONE	1-13-11 DATE SIGNED	-
M FILING A				~~
Irano	REPOR	FOR (1) ELECTION /(2	NON-ELECTION YEAR,	
		Indicate by #		
CHECK IF AMENUMENT TO	REPORT DATED 1-19-11		cal Committees, enter Date of Electic	
Check If this is final (termination	*\		will delimitations, write) thate of Electic	תג
(You must continue to file	n) report and attach Notice of Dissolution F reports until a DR-3 is filed.)	1 001	inty & Local Committees, enter Cour	aby in
	aparas and a series to mostly	Whic	ch Election is held	ity iii
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	t of Cash on Hand	-		
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TOTAL TIME ATTIONS	MUST be the same as the cash on hand a d or must be zero if this is first report filed.)	* **	1	<u> </u>
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Schedule Fr 1 sans Bass	butloris total (Attach Schedule A) (*also sec	a in-kind below)	18,575,e	
Schedule H. Test Color	ved total (Attach Schedule F)		****	
Sebadule 11	of Campaign Property (Attach Schedule H)	(
Tochedrie H app	lies to Candidates' Committees Only		· · · · · · · · · · · · · · · · · · ·	
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SUBTRACT TOTAL MON				
Schedule B: Expenditures	total (Attach Schedule B) (**aiso see debt	s and loans below)	10,57a.8	2
Schedule F: Loan Repayn	nents total (Attach Schedule F)		10,000.0	
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DIDATE COMMITTEES ONLY:	•			
E OF CAMPAIGN PROPERTY	(From Schedule H - Attach Schedule H)		\$	
COMMITTEES: Submit a red	conciled campaign account bank statement	in Innuanual		

For Instructions, See Back of Form	<u></u>		
CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal runds)	Reset Form	SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE DIG CHES	e	CHEC AMEN	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN, A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 58B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR			
(MM/DD/YR)	(if applicable) AND PAC CHECK	. OONTRIBUTUR	RELATIONSHIP	AMOUNT	VIFF
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committee. Relationship must be shown to the third degree of consenguinity (blood relatives) and affinity (relatives by marriaga). If sumeme of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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For Instructions, See Back of Form SCHEDULE Reset Form CONTRIBUTIONS -- MONEY TAKEN IN (Including candidate's personal funds) MONETARY (Rev. 07/03) RECEIPTS COMMITTEE NAME (Must be same as on Statement of Organization) CHECK THIS BOX IF AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

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CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any

DATE		Parada domininges.		***	- 1.7
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ommittee. Relations	ires candidate committees ship must be shown to the t	to disclose the relationship of any relative making a contribution to the hird degree of consanguinity (blood relatives) and affinity (relatives by the relatives to the second s)c		
erriagei. Italima	me of contributor is the sa enter "not applicable" in t	William A Committee (Control of the Control of the	W .	20	
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applicable" in the relationship column.

(for Schedule A)

For Instructions, See Back of Form		SCHEDULE	
CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)	Reset Form	A (Rev. 07/03)	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) Kapusian & State Sanate			CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

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DATE RECEIVED	PAC ID NUMBER (if applicable)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	VIFF
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closure law requ	ires candidate committees thip must be shown to the	s to disclose the relationship of any relative making a contribution to	· 1	\$	

familial relationship, enter "not applicable" in the relationship column.

Page ____ of _____ of _____

For Instructions, See Back of Form			
CONTRIBUTIONS MONEY TAKEN IN (including candidate's personal funds)	Reset Form	SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) Laplacian State Service STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE BAC (DOLLAR NUMBER AND THE PAG CHECK NUMBER IN THE PAGE CHECK NUMBER IN T		CHEC	CK THIS BOX IF IDING FORM

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^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 4 of 8 (for Schedule A)

For Instructions, See Back of Form		•	
CONTRIBUTIONS MONEY TAKEN IN	Reset Form	SCHEDULE	
(including candidate's personal funds)	•	(Rev. 07/03)	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)		CHEC	K THIS BOX IF
STATE CANDIDATES NOTE: IF A CONTRIBILITION IS SECRET		AMEN	DING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN "HE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

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RECEIVED	PAC ID NUMBE	NAME AND ADDRESS OF CONTRIBUTOR			
(MM/DD/YR)	(If applicable) AND PAC CHECK	THE PROPERTY OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	√ IF FC
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marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(for Schedule A)

For Instructions, See Back of Form			
CONTRIBUTIONS MONEY TAKEN IN	Reset Form	SCHEDULE	
(Michael Gandidate's personal funds)		(Rev. 07/03)	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)		CHEC	CK THIS BOX IF
STATE CANDIDATES NOTE: 15 A COURSE	_		- ORM

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DATE RECEIVE	PAC ID NUMBE (If applicable)	R NAME AND ADDRESS OF CONTRIBUTOR			
(MM/DD/YF	AND PAC CHEC	K	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF F
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9-20-16		100 Des Monas St			THE COL
1 20-10	\ \ \ \ \ \ \	Des Moines JA 50309		\$	
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9.20-10	CK#	Manadita Corporation Emp. Fax			
120 10	ID# 1065	Des Mermas PA 50309		-	1
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16-7-10	CK#				_
10 (-10	10106	Morion IA 50300		Z	
	6101	Truck PAC Town		2000.00	
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	res candidate committees	(with the last of a second	1 \$	l i	

* Disclosure law requires candidate committees to disclose the reletionship of any relative making a contribution to t committee. Relationship must be shown to the third degree of consenguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form			
CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)	Reset Form	SCHEDULE	1
COMMITTEE NAME (Must be same as on Statement of Organization)		(Rev. 07/03)	MONETARY RECEIPTS
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STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE NO.			

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN, A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

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			SUB-TOTAL	
			\$7/2	50.03
		TOTAL (if last page of	f this schedule) \$	

^{*} Disclosure law requires Candidate committees to disclose the relationship of any relative making a contri committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form CONTRIBUTIONS -- MONEY TAKEN IN Reset Form SCHEDULE (including candidate's personal funds) COMMITTEE NAME (Must be same as on Statement of Organization) MONETARY (Rev. 07/03) RECEIPTS CHECK THIS BOX IF Sanate AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE PROM THE IOWA ETHICS AND CAMPAIGN

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rchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.) nedule G by the amount, purpose, and date of each type of expanditure made by the person/entity on behalf of the discussion of the desired on security of the person/entity on behalf of the discussion of the person of	rchases of certain car	mpalon property o	osting \$500 or more n	nuet alee by t	ied on Schedule H	. (Refer to Sche	edule H instruction	ons.)	

Schedule G by the amount, purpose, and date of each type of exponditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowe Code 68A.402(3)(i).)

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Page	 	of_	

01/13/2011 15	: 33 3194423225	KSB KEYSTON	VE.	
FOR INSTRUCTION	S, SEE BACK OF FORM			PAGE 12/1
NOTE: This schedule TOTAL UNPAID LOAD	reports money loaned to the commit NS FROM LAST REPORTING PER LOANS RECEIVED THIS REPORT TOG of loan, such as a bank, must be	ttee which is deposited in the committee it included in the committee it included in the committee in the co	I AMEND	LOANS RECEIVED & REPAID
RECEIVED (MM/DD/YR)	NAMIE AND ADDRESS (Include) Endoraer's Name	E. If Applicants	ATIONSHIP TO AMOUNT (

(MM/DD/YR)	(Include) Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LO
			\$

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD (Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

7		DRESS OF LENDER 's Name, if Applicable)	RELATIONSHIP T	O AMOUNT REPA
+	Tim Kapicia 1275 LATE SH Keystone, TH Tim Kapucia	500 49	Self	5,000,00
6-26-10	1975 69te 3	4 50049	Sett	5,000.00
				1200-00

	(
TOTAL CASH REPAYMENTS (PART II)	100
From Schedule E TOTAL LOANS FORGIVEN	\$ 10,000.00
TOTAL OUTSTANDING LOANS END OF REPORT PERIOD	\$
to disclose the relationship of any relative	8 3,000.00

*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consenguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.

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	(for Schedule F)	